	PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004										10	1542	W	
		CLAIMS /	AS FILED -	- PART I	Ī,			SMALL EN	TITY		OTHER	THAN	
L			(Colum	nn 1)		(Column 2)	_	TYPE		OR			
U.S	S. NATIONAL	STAGE FEES						RATE	FEE	1	RATE	FEE	
BA:	SIC FEE	<u> </u>	SMALL ENT.	ſ. = \$ 150	LAR	RGE ENT. = \$ 300	7	BASIC FEE	150	OR	BASIC FEE	1	
EX	AMINATION FE	žE	Satisfies PCT A (4) = \$ 50	0/\$100	1	other situations = \$ 100 / \$ 200	1	EXAM. FEE	/_	1	EXAM. FEE		
SE/	ARCH FEE		U.S. is ISA = \$ ALL other cot \$ 200 / \$	\$ 50 / \$ 100 ountries =		other situations = \$ 250 / \$ 500		SEARCH FEE	200		SEARCH FEE		
FEF	E FOR EXTRA S	SPEC. PGS.	min	nus 100 =		/ 50 =	1	X \$ 125 =		1	X \$ 250 =	1	
тот	TAL CHARGEA	BLE CLAIMS	24 mi	inus 20 = .	*	4		X \$ 25 =	100	OR	X \$ 50 =		
IND	DEPENDENT CL	AIMS	4 "	ninus 3 = .	•	1		X \$ 100 =	100	OR	X \$ 200 =		
MUI	LTIPLE DEPEN	IDENT CLAIM PRE	ESENT				1	+ \$ 180 =	/	OR	+ \$ 360 =		
· If	the difference	e in column 1 is I	less than zero	o, enter "0"	in cr	olumn 2	.	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PAR (Column 1) (Column 1) (Column 1) HIGH					nn 2) EST	(Column 3)	1	SMALL E	ADDI-	OR	OTHER SMALL E		
ENT A		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	•	Minus	**		=	1	X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	SENTATION OF M	IULTIPLE DEPF	ENDENT CI	LAIM		11	+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)	·	(Column	-n 2)	(Column 3)							
ff 8	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	1	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AMEN	Independent	•	Minus	***		E ·		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF MU	ULTIPLE DEPF	ENDENT CI	LAIM			+\$ 180 =		OR	+\$ 360 =		
	-						_	TOTAL ADDIT. FEE		OR -	TOTAL ADDIT. FEE		
								• ==			•	 .	
•	- <u>-</u>	· .		7-# <u>1</u> _									
** (If the "Highest Nur	ımn 1 is less than the Imber Previously Paid	id For" IN THIS SPA	PACE is less to	than 20	0', enter "20".							
		mber Previously Paid mber Previously Paid !					in th	e appropriate box	In column 1.				

FORM PTO-875 (Rev. 02/2005)

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